

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 005 ***150.00

DOCUMENT # P02000008652

1. Entity Name
JASON, JAN & ASSOCIATES, INC.



Principal Place of Business

**2223 N.W. 26 AVENUE
MIAMI FL 33142**

Mailing Address

**2223 N.W. 26 AVENUE
MIAMI FL 33142**

2. Principal Place of Business

2215 N.W. 26 Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 140716
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI Gables, FL 33114

4. FEI Number
04-3610163

Applied For
Not Applicable

Zip
33142

Country
U.S.A.

Zip
33114

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, JESUS E
2223 N.W. 26 AVENUE
MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent and business applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
PEREZ, JESUS E
2223 N.W. 26 AVENUE
MIAMI FL 33142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like information.

SIGNATURE:

PEREZ, JESUS E

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80135495
#P02000008652

JASON, JAN & ASSOCIATES, INC.
P.O. BOX 140716
CORAL GABLES, FL 33114

July 23, 2003

Fla. Dept. of State
Div. of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I did not receive the original business report for 2003 because I moved and the address you had on record was incorrect. I have written the new mailing and physical address on the Uniform Business Report.

I kindly request that you abate the penalty since this is my 1st time offense because of the incorrect address.

I am enclosing a check for \$ 150.00 together with the form.

Thank you for your attention.

Respectfully,

A handwritten signature in dark ink, appearing to read "Jesus E. Perez", written over a horizontal line.

JEP/srp
enclosures